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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: A. John Bramley *et al.*
Serial No.: 09/698,579
Filed: October 27, 2000
For: TREATMENT OF STAPHYLOCOCCUS INFECTIONS

Examiner: Navarro, Albert Mark
Art Unit: 1645

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Commissioner for Patents
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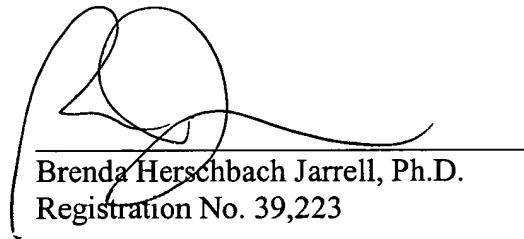
TRANSMITTAL

Enclosed please find the following documents regarding the above-referenced matter:

- 1) Request for Continued Examination (RCE) Transmittal; (1 pg.);
- 2) Response to Office Action Under 37 C.F.R. § 1.116 (6 pp.);
- 3) PTO/SB/06 - Patent Application Fee Determination Record (1 pg.);
- 4) Check in the amount of \$750.00 for RCE fee;
- 5) Petition for Extension of Time (1 pg.);
- 6) Check in the amount of \$930.00 for extension of time; and
- 7) Return Postcard.

Please charge any fees or credit any overpayments to our Deposit Account No. 03-1721.

Respectfully submitted,

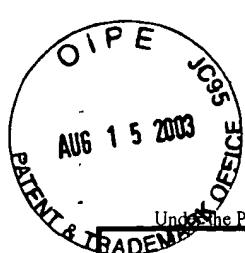


Brenda Herschbach Jarrell, Ph.D.
Registration No. 39,223

PATENT GROUP
CHOATE, HALL & STEWART
Exchange Place
53 State Street
Boston, MA 02109
Telephone: (617) 248-5000
Facsimile: (617) 248-4000
Dated: August 13, 2003

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313

on August 13, 2003
Kathy Hartog



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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
09/698,579CLAIMS AS FILED - PART I per CPA filed 5/17/00
(Column 1) (Column 2) SMALL ENTITYOTHER THAN
OR SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(e))		
TOTAL CLAIMS (37 CFR 1.16(c))	41	minus 20 = * 21
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4	minus 3 = * 1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEES	RATE	FEES
	\$ _____		\$ 710
x \$ _____ =		OR x \$ _____ =	
x _____ =		OR x _____ =	
+ _____ =		OR + _____ =	
TOTAL		OR TOTAL	\$ 710

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II
(Column 1) (Column 2) (Column 3) SMALL ENTITYOTHER THAN
OR SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	** 20	= 21	
	Total (37 CFR 1.16(c))	* 41	Minus	** 20	= 21
Independent (37 CFR 1.16(b))					

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ _____ =		OR x \$ _____ =	
x _____ =		OR x _____ = -	
+ _____ =		OR + _____ =	
TOTAL		OR TOTAL	ADDI. FEE

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

(Column 1) (Column 2) (Column 3) ADDIT. FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	** 20	= 0	
	Total (37 CFR 1.16(c))	* 3	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 1	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ _____ =		OR x \$ _____ = 0	
x _____ =		OR x _____ = 0	
+ _____ =		OR + _____ =	
TOTAL		OR TOTAL	ADDI. FEE

(Column 1) (Column 2) (Column 3) ADDIT. FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Minus	**	=	
	Total (37 CFR 1.16(c))	* Minus	**	=	
	Independent (37 CFR 1.16(b))	* Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ _____ =		OR x \$ _____ =	
x _____ =		OR x _____ =	
+ _____ =		OR + _____ =	
TOTAL		OR TOTAL	ADDI. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.